

24 / 48 HOUR NOTICE OF INDEPENDENT EXPENDITURE, on :

10/22/2008 22 : 04

430 South Capitol Street, SE

2nd Floor

Washington

DC

20003

FEC ID No. C00000935

☒ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 1 / 3

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

FEC IDENTIFICATION NUMBER

C C00000935

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Field Strategies Inc.

Date

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Amount

1660.00

Mailing Address

2120 L Street, NW

Suite 305

City

Washington

State

DC

Zip Code

20037

Purpose of Expenditure

Field Organizing

Category/
Type

007

Office Sought: ☒ House

State: NC

☐ Senate

District: 08

☐ PresidentialCheck One: ☒ Support ☐ OpposeDisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : _____

Transaction ID: SE-855036

Date of Dissemination 10/21/08

Calendar Year-To-Date Per Election

1772055.21

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Field Strategies Inc.

Date

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Amount

1660.00

Mailing Address

2120 L Street, NW

Suite 305

City

Washington

State

DC

Zip Code

20037

Purpose of Expenditure

Field Organizing

Category/
Type

007

Office Sought: ☒ House

State: NC

☐ Senate

District: 08

☐ PresidentialCheck One: ☐ Support ☒ OpposeDisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : _____

Transaction ID: SE-855037

Date of Dissemination 10/21/08

Calendar Year-To-Date Per Election

1772055.21

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

3320.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Brian L. Wolff

Signature

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 8

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Democratic Congressional Campaign Committee

FEC IDENTIFICATION NUMBER

C C00000935

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

FUSE

Date

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Amount

845.00

Mailing Address
802 N 1st StreetCity State Zip Code
St Louis MO 63102Purpose of Expenditure
Media ProductionCategory/
Type 004Office Sought: ☒ House State: NC
☐ Senate District: 08
☐ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:
Larry KissellDisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : _____Calendar Year-To-Date Per Election
for Office Sought 1772055.21

Transaction ID: SE-855067

Date of Dissemination 10/21/08

Full Name (Last, First, Middle, Initial) of Payee
FUSE

Date

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Amount

845.00

Mailing Address
802 N 1st StreetCity State Zip Code
St Louis MO 63102Purpose of Expenditure
Media ProductionCategory/
Type 004Office Sought: ☒ House State: NC
☐ Senate District: 08
☐ PresidentialCheck One: ☐ Support ☒ OpposeName of Federal Candidate supported or Opposed by expenditure:
Robert (Robin) C HayesDisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : _____Calendar Year-To-Date Per Election
for Office Sought 1772055.21

Transaction ID: SE-855068

Date of Dissemination 10/21/08

(a) SUBTOTAL of Itemized Independent Expenditures

1690.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

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Brian L. Wolff

Signature

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 8

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PAGE OF 3 / 3

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

FEC IDENTIFICATION NUMBER

C C00000935

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Mission Control, Inc.

Date

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Amount

8836.88

Mailing Address

114 A Mansfield Holow Rd.

City

Mansfield Center

State

CT

Zip Code

06250

Purpose of Expenditure

Mail Services

Category/
Type

006

Office Sought: ☒ House

State: NC

☐ Senate

District: 08

☐ PresidentialCheck One: ☒ Support ☐ OpposeDisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : _____

Transaction ID: SE-855109

Date of Dissemination 10/21/08

Calendar Year-To-Date Per Election

1772055.21

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Mission Control, Inc.

Date

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Amount

8836.88

Mailing Address

114 A Mansfield Holow Rd.

City

Mansfield Center

State

CT

Zip Code

06250

Purpose of Expenditure

Mail Services

Category/
Type

006

Office Sought: ☒ House

State: NC

☐ Senate

District: 08

☐ PresidentialCheck One: ☐ Support ☒ OpposeDisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : _____

Transaction ID: SE-855110

Date of Dissemination 10/21/08

Calendar Year-To-Date Per Election

1772055.21

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

17673.76

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

22683.76

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Brian L. Wolff

Signature

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 8